



MASSACHUSETTS

Workforce Investment Act

WIA Communication No. 03-19

☒ **Policy** ☐ **Information**

To: Chief Elected Officials
Workforce Investment Board Chairs
Workforce Investment Board Directors
Title I Administrators
Career Center Directors
Title I Fiscal Officers
DET Regional Directors
DET Area Directors

cc: WIA State Partners

From: Jane C. Edmonds, Director
Department of Workforce Development

Date: September 19, 2003

Subject: Airline and Related Industries National Emergency Grant (NEG)
Eligibility Requirements (**Revised**)

Purpose: To revise state policy regarding eligibility for dislocated workers who lost their jobs due to the tragedies of September 11, 2001 to be served through the Airline and Related Industries National Emergency Grant (*this policy replaces WIA Communication #02-04*).

Background: To date, the U.S. Department of Labor has awarded \$8,167,669 to Massachusetts for a WIA Title I National Emergency Grant (NEG) to serve 1,425 job seekers from airline and other industries that suffered job losses as a result of the events of September 11, 2001. The grant period for this project is November 26, 2001, to June 30, 2004. Operators for this project have been determined based upon the level of potential participant activity as evidenced by unemployment insurance claims and the numbers of job seekers identified by local areas as affected by September 11 and tracked in MOSES. The operators are Employment Resources, Inc. for the Metro North area, EDIC/Office of Jobs and Community Services for Boston, and the City of Salem for the Southern Essex area. Funds will be made available to the remaining 13 local workforce investment areas through a “vouchering” process that will be administered by Employment Resources, Inc.

Airline and Related Industries National Emergency Grant (NEG) Eligibility Requirements

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

TDD/TTY 1-800-439-2370 - Voice 1-800-439-0183

Policy: Effective July 1, 2003 this policy has been revised to reflect the inclusion of the Eligibility Determination Form (Attachment C), to be implemented as a requirement (resulting from a Department of Labor recommendation); and to reflect a change in language regarding a cap on the amount of funds available for training. The following are participant eligibility requirements for the Airlines and Related Industry National Emergency Grant:

- Loss of job must be determined to have been related to the events of September 11, 2001.
- Loss of job must be from airlines, tenants of airports, or related industries including travel, tourism, hospitality, or any business whereby the events of 9/11/01 resulted in the layoff of the individual seeking services.
- The methodology to be used for determining and documenting that job loss is related to the events of 9/11/01 is contained in Attachment A, Attachment B, and Attachment C (*new*) of this Communication.
- Eligibility for training services provided through this grant is to be based upon the job seeker's need for such services due to lack of marketability of their current skills or other significant barrier(s).
- **Effective July 1, 2003, there is a cap on the per-individual amount of funds available for training at the discretion and consensus of the project operators.**
- Participants must be determined eligible for services through this grant and enrolled consistent with WIA regulations and policies and state policy, including documenting eligibility and recording the need for services in MOSES.

Action Required: All project operators and service providers must adhere to the requirements contained herein when determining participant eligibility for services through the Airline and Related Industries NEG.

Effective: July 1, 2003.

Inquiries: Any questions related to this correspondence should be directed to Diane Hurley at (617) 626-5693.

Filing: Please file this in your notebook of previously issued WIA Communication Series Issuances as #03-19.

Attachments:

- A. Establishing that Job Loss is Related to 9/11/01
- B. Participant Eligibility Questionnaire
(To be used for determination when an individual is **not** from a company listed in the Rapid Response Master List of companies determined to be affected by 9/11/01 **or** is **not** from a type of business that the state has determined to have been impacted by 9/11/01.)
- C. Eligibility Determination Form

ATTACHMENT A

Airline and Related Industries NEG Eligibility

Establishing that Job Loss is Related to 9/11/01

There are three methods that may be used to establish that an individual's job loss is related to 9/11/01. They are the following:

- 1) Rapid Response Master List of 9/11 related plant closing codes
- 2) State Determination that type of business has been affected by 9/11/01
- 3) Individual Information obtained from customer and documented on the Participant Eligibility Questionnaire

1) Rapid Response Master List

The Rapid Response unit in each region has reserved a set of plant closing codes to be used for layoffs/plant closings that Rapid Response has determined to be a result of the events of 9/11/01. The Rapid Response unit will regularly make available the Master List of 9/11 related plant closing codes. If an individual's most recent employer is on the List, and the layoff took place after September 11th, this individual can be determined to be eligible for services from the Airline and Related Industries NEG. *(This should be noted in the participant's file as the basis for NEG eligibility.)* **Effective July 1, 2003 this information should be noted on the Eligibility Determination Form (Attachment C).**

2) State Determination

The state has determined that layoffs from the following types of businesses are considered related to September 11th. Individuals who were laid off after 9/11/01 from one of the types of businesses listed below can be determined to be eligible for services from the Airline and Related Industries NEG. *(This should be noted in the participant's file as the basis for NEG eligibility.)* **Effective July 1, 2003 this information should be noted on the Eligibility Determination Form (Attachment C).**

- Airlines (including those that service local and regional airports)
- Tenants of airports (including local and regional airports)
- Airport related services (on or off the airport grounds such as fueling companies and airline food service providers)
- Aerospace manufacturers
- Travel agencies
- Lodging
- Restaurants
- Car rental agencies
- Limousine and taxi services

3) Individual Information

If an individual has **not** been laid off from a company listed in the Rapid Response Master List of companies determined to be affected by 9/11/01 or has **not** been laid off from a type of business that the state has determined to have been impacted by 9/11/01, information provided

by the individual may result in the individual being determined eligible for services from the Airline and Related Industries NEG. For this to occur, Attachment B to this Communication must be completed. Individuals who are seeking eligibility through this method must sign the document (Attachment B) under pains and penalties of perjury attesting that their statements in response to the questions or other information provided to establish eligibility are true to the best of their knowledge. This document must be kept on file by operators and service providers as evidence of eligibility. **Effective July 1, 2003 this information should be attached to the Eligibility Determination Form (Attachment C).**

Once eligibility has been determined using one of the above methods the **Eligibility Determination Form** (Attachment C) must be completed. This form is completed indicating by which method the customer has been determined eligible. Once the form has been completed it is to be signed by the Case Manager and by the Manager and retained in each customer's case file.

ATTACHMENT B

Airline and Related Industries NEG Eligibility

Participant Eligibility Questionnaire

To be used for eligibility determination when an individual:

- Is **not** dislocated from a company listed on the Rapid Response Master List of companies determined by Rapid Response to be affected by 9/11/01
- or
- Is **not** dislocated from a type of business that the state has determined to have been impacted by 9/11/01.

Providing us with answers to the questions below will determine your eligibility for special funds that are available to serve workers laid off as a result of the tragic events of September 11, 2001.

Did you lose your job related to the events of September 11, 2001?

YES _____

NO _____

Who was your employer? What was your job?

How was your layoff related to the events of September 11, 2001?

I hereby certify and attest, under penalty of perjury, that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for termination from the program. I acknowledge that the accuracy of the information for eligibility is subject to external verification and may be released for such purposes.

Applicant signature _____ Date: _____

Office Use Only

The above applicant statement is being utilized for determination for assistance through the Airline NEG. The explanation has been reviewed and it has been determined that the applicant's dislocation situation makes him/her eligible and appropriate for services through the Airline NEG.

Career Center

Signature of Career Center Intake Worker _____

Date _____

This form must be retained in the customer's case file

ATTACHMENT C

Airlines & Related Industries National Emergency Grant (NEG)

Eligibility Determination Form

Customer Name: _____

Address: _____

Social Security Number: _____

The above listed customer has been determined to be eligible for services available from the Airlines & Related Industries National Emergency Grant. The following checked method (#1, #2, or #3) has been utilized to determine and document this customer's eligibility.

_____ **1. Rapid Response Master List**

- Plant Closing Code: _____

_____ **2. State Determined Business (Circle One)**

- Airline
- Airport Tenant
- Airport Related Services
- Aerospace Manufacturer
- Travel Agent
- Lodging
- Restaurant
- Car Rental Agency
- Limousine/Taxi Service

_____ **3. Individual Information**

- Completed Attachment B (*Attached*)

Eligibility Completed By:

Approved By:

Case Manager: _____ Manager: _____

This form must be retained in the customer's case file.